| FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAG   | SR SOUTON                              |            | OR-2                            | DISCLOSURE          |
|---|--|------------|---------------------------------|---------------------|
| COMMITTEE NAME (Must be same as on Statement of Organ   | <del></del>                            | (Re        | ev. 07/2004)                    | REPORT              |
| ALUQUISIS ROAD COMMITTEE  | 16 3 3B                                | Co         |                                 |                     |
| IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2)   | State PAC (3 \State Party              |            | _                               |                     |
| (4) County Central Committee (5) County Candidate (6) City Candid<br>Political Subdivision Candidate (8) County PAC (9) City PAC (10) Subdivision PAC (11) Local Ballot Issue   | ate (7)School Board or Other           | Co         | mputer                          |                     |
| CANDIDATE COMMITTEES ONLY:  |  |            |                                 |                     |
| Candidate Name  | Political Party (if applicable)        |            | a reports are<br>sible civil an |                     |
| Office Sought   | District (if Senate or House)          |            | alties.                         |                     |
| SIGNATURE OF PERSON FILING REPORT   | 112-733-5605<br>TELEPHONE              |            | 7/8                             | IOS                 |
| SIGNATURE OF PERSON FILING REPORT   | TELEFRONE                              |            | DAICS                           |                     |
| I AM FILING A FIND REPORT (report date)   | REPORT FOR (1) ELECTION Indicate by fi |            | I-ELECTION                      | YEAR.               |
| CHECK IF AMENDMENT TO REPORT DATED  |  |            | mittees, enter D                | hate of Election    |
| Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)   | Dissolution Form DN-5.                 | County & L | 11 - 1/2                        | es, enter County in |
|   | <u>-</u>                               |            |                                 |                     |
| STATEMENT   | OF CASH ON HAND                        |            | · ·                             |                     |
| CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first | eh on hand at the end                  | \$         | 3295.51                         |                     |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD  |  |            |                                 |                     |
| Schedule A: Cash Contributions total (Attach Schedule   | • •                                    |            | 1920.00                         | <del></del>         |
| Schedule F: Loans Received total (Attach Schedule F   |  |            |                                 | <del></del>         |
| Schedule H: Total Sales of Campaign Property (Attack  | •                                      | *******    |                                 |                     |
| (Schedule H applies to Candidates' Comm   |  |            | 11C11C                          | • •                 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD  | SUB-TOTA                               | L≯         | 45425                           | L                   |
| Schedule B: Expenditures total (Attach Schedule B) (*   | *also see debts and loans belo         | w)         | 4845.5                          | )                   |
| Schedule F: Loan Repayments total (Atlach Schedule  |  | •          |                                 |                     |
| CASH ON HAND at the end of this reporting period (if final repo   |  |            |                                 |                     |
| be zero) (Attach DR-3)  |  | \$         | -0-                             | ·····               |
| **UNPAID BILLS (From Schedule D - Attach Schedule D)  |  | \$         |                                 |                     |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu   | de E)                                  | <b>s</b>   |                                 |                     |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule  |  |            |                                 |                     |
| CANDIDATE COMMITTEES ONLY:  |  |            |                                 |                     |
| CONSULTANT BREAKDOWN (Schedule G Attached?)   |  | •          | YE                              | is W NO             |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack  | n Schedule H)                          | s          |                                 |                     |

| For Instructions, See Back of Form                                  | Reset Form | SCHEDULE     |                              |  |
|---|------------|--------------|------------------------------|--|
| CONTRIBUTIONS MONEY TAKEN IN (including cardidate's personal funds) |            | (Rev. 07/03) | MONETARY<br>RECEIPTS         |  |
| COMMITTEE NAME (Must be same as on Statement of Organization)       | 7          |              | CK THIS BOX IF<br>NDING FORM |  |
| Human Bond Committee  |            |              |                              |  |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B,32A(6), lowe Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR                                | RELATIONSHIP<br>TO CANDIDATE*<br>(If applicable) | AMOUNT<br>RECEIVED | V IF FOR<br>FUND-<br>RAISER<br>INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
|                                | ID#   | Hy-Ver - 1250 North Lake Aut                                   |  | 2 354 00           |                                       |
| 218/05                         | CK# 459449795.08  | Storm Lake . In SOSEF Beringer Graccio 1015 North 78th Ste 300 |  | 2 920 00           | <b> </b>                              |
|                                | ID#   | Refiner Ciaccio 1015 North 78th Ste 300                        |  | 40                 |                                       |
| 2/3/05                         | CK# 3/00  | Omaka, NE 68014  |  | 50000              | <u> </u>                              |
|                                | 1D#   | Melanders 1403 North Lake Ave                                  |  | . 40               | <br>                                  |
| A118/05                        | CK#  1553   | MOCK, HOWARD Goods, Almostomas Brown P.C.                      |  | 920 a              | <b> </b>                              |
|                                | ID#   | Mack, Honorn Godd, Almythong's Brown P.C.                      |  | 00                 |                                       |
| 3/24/05                        | CK# 31969   | 316 E 6th Street Storm Love In 50588                           |  | 25000              |                                       |
|                                | ID#   |  |  |                    |                                       |
|                                | CK#   |  |  |                    | ـــــــ                               |
|                                | ,iD#  |  |  |                    |                                       |
|                                | CK#   |  |  |                    |                                       |
|                                | ID#   |  | <del> </del>                                     |                    |                                       |
|                                | CK#   |  |  |                    |                                       |
|                                | ID#   |  |  |                    |                                       |
|                                | CK#   |  |  |                    |                                       |
|                                | ID#   |  | <del> </del>                                     |                    |                                       |
|                                | CK#   |  |  | ·<br>              |                                       |
|                                | ID#   |  |  |                    |                                       |
|                                | CK#   |  |  |                    |                                       |
|                                |   |  | SUB-TOTAL  | s 1980.00          |                                       |

TOTAL (If last page of this schedule)

of (for Schedule A)

<sup>\*</sup> Disclosure law requires condidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of coreserguirity (blood relatives) and effinity (relatives by mentage). If sumanne of contributor is the same as candidate, but there is no familiel relationship, enter "not applicable" in the relationship column.

## FOR INSTRUCTIONS, SEE BACK OF FORM

| Reset Form | 1 |
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## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE<br>B<br>(Rev. 07/03) | MONETARY<br>EXPENDITURES |
|-------------------------------|--------------------------|
|                               | CK THIS BOX IF           |

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|---|---|---|----|----|---|---|----|---|---|----|---|----|-----|----|---|---|---|-----|----|---|---|----|---|---|----|---|---|----|----|---|----|---|---|---|----|----|---|----|

| DATE<br>EXPENDED<br>(MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursament) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION)                | AMOUNT<br>EXPENDED |
|--------------------------------|--|--|--|--------------------|
| 112105                         | CK# 8  | Hyvre 1850 N Lake Aur<br>Horm Lake JA 50588                        | Ba1100n3   | <b>s</b> 105.50    |
| 3/33/05                        | CK# Q  | Kozi Goe'a Love Ave<br>Stolm Lake IA 50588                         | Radio Spots                                      | \$ 960.00          |
| 2016616                        | CK# (()  | KKEA 606 % LUKE ALA<br>Storm Loke IA 50588                         | Radio Spots                                      | \$ 960.00          |
| 9/99/05                        | CK#  | FIRST TIBURE III W 7 thst<br>Storm Lake IA 50588                   | Newspaper Ads                                    | \$ 567.00          |
| 3/33/05                        | ск# (у   | FIOOTTINGUE III W 71464<br>Storm Lake FA 50588                     | (1   | \$318 à            |
| 3/15/05                        | CK#  3   | Horm Lake Times POBOX 487 Horm Lake TA 50388                       | h 6  | \$ 1442 \$5        |
| 48/18/05                       | CK#  L   | Starm Love. IB 50588   | Rallours   | 178.57 1           |
| 4/18/05                        | CK#   5  | 640 Democrats 610 W 41 Tot<br>Storm Lake In 60588                  | AWOYGES Ads                                      | 120 00             |
| •                              |  |  | SUB-TOTAL  TOTAL (if last page of this schedule) | \$ 4538,66<br>\$   |

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to personal entitles providing consulting, advantaing, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behelf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 68A.402(3)(i).)

|        | 1 |    | ٦. |  |
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FOR INSTRUCTIONS, SEE BACK OF FORM

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|    | ACCRECE A | ONTE |

| <b>EXPENDITURES</b> - | <b>MONEY SPENT FRO</b> | M COMMITTEE ACCOUN | TF |
|-----------------------|------------------------|--------------------|----|

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE<br><b>B</b><br>(Rev. 07/03) | MONETARY<br>EXPENDITURES |
|--------------------------------------|--------------------------|
|                                      | CK THIS BOX IF           |

| COMMITTEE NAME | (Must be same as on | Statement of Organization) |
|----------------|---------------------|----------------------------|

| DATE<br>EXPENDED<br>(MM/DD/YR) | CANDIDATE 10 NUMBER (If applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbutsement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION)               | AMOUNT<br>EXPENDED                |
|--------------------------------|--|--|---|-----------------------------------|
| 4/19/05                        | CK# ((   | Storm Loke, IA SOSEE   | AWONELS ADT                                     | s 50°09                           |
| 4/12/05                        | ID#  | KAYL 606 % Lake AM   | Awaysis Ads<br>Radio Ads                        | \$ 50.75                          |
| 619105                         | CK#  | SOKO 10WGK: INSUVERY APPRICY 610 GENERO HOIM LENT IN SOURS         | Office Supplies                                 | J 56.10                           |
|                                | CK#  | 6VU Atlactic Dept  | , canceled event<br>Voided Check                | - 150.00                          |
|                                | ID#<br>CK#   |  |   |                                   |
|                                | CK#  |  |   |                                   |
|                                | ID#<br>CK#   |  |   |                                   |
| !                              | ID#<br>CK#   |  |   |                                   |
|                                |  |  | SUB-TOTAL TOTAL (if last page of this schedule) | <b>5</b> 6.85<br><b>5</b> 4545.51 |

| THIS BOX APPLIES | TO CANDIDATES | COMMITTEES ONLY: |
|------------------|---------------|------------------|

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A 4D2(3)(i).)

|        | 3 | 1     |  |
|--------|---|-------|--|
| Page _ | a | of () |  |